

Case Number:	CM14-0217735		
Date Assigned:	01/07/2015	Date of Injury:	10/04/2011
Decision Date:	03/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 59 year old female injured worker suffered an industrial injury on 12/13/2012 when while working fell over a cane injuring the bilateral knees and right hip. The documentation provided was limited but did reveal that the injured worker did have 8 sessions of physical therapy for the knees. There was a magnetic resonance imaging 12/26/2012 but no results were included in the medical record. The injured worker did have right hip surgery on 3/10/2014 with 2 months of post-operative physical therapy. The provider visit note of 10/30/2014 revealed the injured worker reported ongoing right and left knee pain. She had increased pain with walking, standing kneeling and stairs. She reported she occasionally uses a cane. The exam revealed bilateral knee effusion and joint tenderness. The x-rays reported narrowing joint space and sclerosis. The provider's impression was early osteoarthritis with possible meniscal tearing. The recommendation was for physical therapy, aquatic therapy and magnetic resonance imaging to the left knee. The UR decision on 12/3/2014 denied the magnetic resonance imaging as there was no documentation of limping, no range of motion deficits and no use of assistive devices. There also was no documentation of failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI - Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with pain and weakness in both of her knees and her right hip. The patient is s/p arthroscopic right hip surgery on 03/10/14. The request is for MRI OF THE LEFT KNEE. The MTUS Guidelines do not discuss MRIs. ODG guidelines, under Knee Chapter, Magnetic resonance imaging (MRI), do not recommend it unless there is soft-tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption. ODG does support it for post-operative evaluation of cartilage repair. In this case, the patient's previous MRI is dated 12/26/12. This report is not available. An X-ray from 8/29/14 showed joint space narrowing, and subchondral sclerosis. The treater does not explain why an updated MRI is necessary. There is no documentation of a new injury, significant clinical changes, new exam findings or an interim surgery to warrant another MRI. The request IS NOT medically necessary.